



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
NURSING CARE QUALITY ASSURANCE COMMISSION  
P.O. Box 47864 Olympia, Washington 98504-7864

February 14, 2011

Andrea Flaa

1 - DOH Licensee Health Pr...

Case No.: 2011-153301RN

Dear Ms. Flaa:

The Washington State Nursing Care Quality Assurance Commission received a report about an allegation of unlawful authorization of medical marijuana. After careful consideration of the information received, the Nursing Commission decided not to investigate because the allegation is considered below threshold and you previously received some sort of corrective action.

The Nursing Commission has legislated authority (RCW 18.130.050) to investigate complaints against nurses for unprofessional conduct (RCW 18.130.180) and take action against their license.

While the Nursing Commission closed this report, any action taken by an employer or another agency remains in effect. The Nursing Commission may reconsider a complaint that has been closed if additional relevant information is received.

RCW 18.130.095 requires the Nursing Commission to notify you of your right to submit a written statement about the complaint for the file. The Whistleblower law (RCW 43.70.075) does not allow us to release the name of the person who filed the complaint or provide any information that could specifically identify the individual.

You have the right to request a copy of the report contained in the file. To receive a copy, please submit a written request to the Nursing Commission at the email address below, or to PO Box 47864, Olympia WA 98504-7864, or fax to (360)236-4738.

If you have any questions concerning the Nursing Commission's determination, you may contact this office at 360-236-4733.

Sincerely,

Helen Budde, Administrative Assistant  
[Helen.budde@doh.wa.gov](mailto:Helen.budde@doh.wa.gov)

**Timeline for Case 2011-153301**

**Respondent:** Andrea Paige Flaa  
**Credential:** RN.RN.60162238  
**Profession:** Registered Nurse License  
**Created:** 01/27/2011  
**Closed:** 02/07/2011

**Alleged Issues:**  
 Practicing Beyond the Scope of Practice  
**Case Nature:**  
 Beyond Scope  
**Resolutions:**  
 BT - Issues which have been otherwise resolved

Timeline Detail	Start	End	Days Used
OPENED	11/23/2010	01/27/2011	65
Intake	01/27/2011	02/07/2011	11
CLOSED	02/07/2011		1
Assessment	02/07/2011	02/07/2011	0

Timeline Summary	Auth Days	Extend Days	Days Used	Days Remain
OPENED	0	0	65	-65
Intake	7	0	11	-4
CLOSED	0	0	1	-1
Assessment	14	0	0	14
Total:			77	

# Assessment Worksheet

**Respondent: FLAA, ANDREA P**

**Case Number: 2011-153301RN**

Date: 02/07/2011

Board/Commission/Profession: LP, RN, AP

Section: NCQAC

Presented by: Erica Benson-Hallock

Staff present: Mary Dale, Donna Rogers,

Sam Prideaux,

Panel members: Erica Benson-Hallock,

Judy Personett, Marge Herzog

☒ Conference Call

☐ Board/Commission meeting

## A. FILE CLOSED:

<input type="checkbox"/> <b>CNA1</b> – No Jurisdiction	<input type="checkbox"/> <b>CNA2-1</b> – No violation at the time the event occurred	<input type="checkbox"/> <b>CNA2-2</b> – Advertising that is a technical violation	<input type="checkbox"/> <b>CNA2-3</b> – Communication and personality issues
<input type="checkbox"/> <b>CNA2-4</b> – Aged or outdated complaints	<input type="checkbox"/> <b>CNA2-5</b> – Risk minimal, not likely to reoccur	<input type="checkbox"/> <b>CNA2-6</b> – Lack of complaint credibility	<input type="checkbox"/> <b>CNA2-7</b> Complainant withdrew
<input type="checkbox"/> <b>CNA2-8</b> – No complainant's or client/patient's name and no allegations of significant harm or potential harm	<input type="checkbox"/> <b>CNA2-9</b> – Billing and fee disputes except as designated by disciplining authority	<input type="checkbox"/> <b>CNA2-10</b> – Practice on an expired credential for a period of time accepted by the disciplining authority	
<input type="checkbox"/> <b>CNA2-11</b> – Profession-specific threshold. Explain: _____  a) Violating confidentiality b) Inappropriate delegation to unlicensed person that does not involve invasive procedures or piercing of skin (e.g., RN instructs NA to apply skin cream) c) Failure to supervise resulting in no harm or minor harm to a patient d) Isolated incidents which suggest little or no patient harm, not likely to reoccur	<input checked="" type="checkbox"/> <b>CNA2-12</b> – Issues which have been otherwise resolved. Explain resolution: _____  _____ _____ _____ _____ (detail corrective action: practitioner is already revoked; ongoing monitoring, etc.)	<input type="checkbox"/> <b>CNA3</b> – If allegations are true, no violation of law occurred	<input type="checkbox"/> <b>CNA4</b> – Insufficient information

Further explanation (if any):

## B. INVESTIGATION AUTHORIZED:

Recommended priority: **A (risk of immediate danger)**  
 (See HPQA Procedure 212)  
**B (serious risk)**  
**C (moderate risk)**  
**D (minor risk)**  
**E (technical violations)**

## ER CMT WORKSHEET

- ☐ **Refer to ER Program (all four criteria met)**  
  
☐ **Not a candidate for ER (one or more criteria not met)**

## C. SEXUAL MISCONDUCT CASES

For Board and Commission cases, panel should refer sexual misconduct cases to the Secretary when the case does not involve clinical expertise or standard of care issues. (Note: any pre-investigation referral should still include a panel authorization for investigation.)

- ☐ Panel finds there are clinical issues, do not refer.  
☐ No clinical issues, refer case to Secretary

Notes:

Initiate investigation and obtain records, including patient records.

Authorized by Panel Chair: \_\_\_\_\_  
 Print Name of Panel Chair: \_\_\_\_\_  
 per Program Staff (initials) \_\_\_\_\_ Reviewing Commission Member \_\_\_\_\_  
 (if applicable) (if applicable)  
 Date investigation authorized: \_\_\_\_\_

**Credential View Screen** [update]

**Andrea Paige Flaa**

Address:

☒ Public ☐ Mail ☐ Renewal Mail

[change public address]

Andrea Paige Flaa

1 - DOH Licensee H...

ID 952890  
 Warnings  
 SSN/FEIN  
 Contact Standing Living  
 Contact Type INDIVIDUAL  
 Birth Date 06/26/1989  
 Public File YES  
 Mailing List  
 Email: mina\_nowe123@hotmail.com

Contact  
 Audit  
 Public Cases  
 Cont. Edu  
 Documents  
 Owned By/Key Mgmt  
 Exams  
 Experience  
 Notes  
 Schools  
 Supervises  
 SupervisedBy  
 Librarian  
 Application  
 Other State License

Comments:

**Registered Nurse License** [update] [form letter]

Credential # RN.RN.60162238  
 Application Date 05/20/2010  
 Effective Date 07/20/2010  
 Expiration Date 06/26/2011  
 First Issuance Date 07/20/2010  
 Last Date Of Contact 07/16/2010  
 CE Due Date

Credential Status ACTIVE (07/21/2010)  
 Status Reason ACTIVE  
 Amount Due \$0.00  
 Date Last Activity 10/12/2010 2:06:56 PM  
 Last Updated by Eisner, Barbara A  
 Certificate Sent Date 07/21/2010

Audit  
 Documents  
 Workflow  
 Key Mgmt  
 Fees  
 Notes  
 Print Docs  
 Comp. Audit  
 Renewal

Comments:

Supervises User Defined License Data Legacy HIPDB

[update]

**Case View Screen** [update]

Case Status	2011-153301 (PUBLIC) Intake	Date Created	01/27/2011	<b>Audit</b> Entry Items Documents Notes Master Cases <b>Participants</b> Add Master Case Timeline History
Respondent ID	952890	Date Received	11/23/2010	
Respondent	Andrea Paige Flaa	How Received	Fax	
Credential	RN.RN.60162238 Andrea Paige Flaa	Receiving Board	COMMISSION	
Complainant ID	979208	Receiving Profession	Registered Nurse License	
Complainant	4 - Identity - Whistleblo...	Receiving Department	Case Intake	
		Received By	Helen Budde	
		Alleged Issues	Practicing Beyond the Scope of Practice	
		Case Nature	Beyond Scope	

**Comments:**

- Priority History
- Other Participants
- Resolution
- HIPDB Reports
- Action Items

**Priority History** [add]

Date	Priority	Priority Reason	Decision Maker	Decision Date	Comment	COR	User
------	----------	-----------------	----------------	---------------	---------	-----	------

**Other Participants** [add]

No additional participants found

**Resolution** [update]

Department: Case Intake  
Worker: Helen Budde  
Date Closed:

Found Issues  
none  
Resolution  
none

**Resolution Notes:****Current HIPDB Reports**

Type	Submission Date	Status	DCN	Case ID
------	-----------------	--------	-----	---------

No HIPDB Reports found for this credential.

**Action Items** [add] [add group]

Type	Assigned To	Activity	Due	Effective	Completed	Order Signed	Created ▼	User
Intake	Case Intake, Budde, Helen			01/27/2011	01/27/2011		01/27/2011	Budde, Helen
<b>Target:</b> Andrea Paige Flaa <b>Warning:</b> Warning Type: CASE PENDING Warning Effective Date: 01/27/2011 Suppress License Print: NO <b>Case Status:</b> Status Changed To: Intake <b>Action Info:</b> Complaint Source: Patient/Client/Resident Possible Imminent: No Danger? Single Complaint Process Coordination Needed?: No Enter Case Summary: Yes <b>Comments:</b> Alleged unlawful authorization of medical marijuana.								

**Public Cases for Flaa, Andrea Paige**

---

**Public Case(s)**

---

Case	Board	Current Owner
2010-150002	COMMISSION	Case Intake

**Public Master Case(s)**

---

Master Case	Board	Current Owner
No Public master case(s) associated with this contact.		

**Public Examinations(s)**

---

Examinations	Board	Current Owner
No Public examinations(s) associated with this contact.		

**PREVIOUS SUMMARIES AND RESOLUTIONS  
RELATED TO RESPONDENT IN CASE #2011-153301RN**

**CASE #:** 2010-150002  
**RESOLUTION:** Closed after INVT 12/7/10 Risk minimal, not likely to reoccur  
**SUMMARY:** Alleged violation of law. (Green Hope LLC) The resp is personally signing lifetime Medical Marijuana cards.

**CASE #:**  
**RESOLUTION:**  
**SUMMARY:**

**CASE #:**  
**RESOLUTION:**  
**SUMMARY:**

**CASE #:**  
**RESOLUTION:**  
**SUMMARY:**

**PURSUANT TO RCW 43.70.075 it states in part;  
“The identity of a whistleblower who complains, in  
good faith, to the Department of Health about the  
improper quality of care by a health care provider, or  
in a health care facility, as defined in RCW 43.72.010,  
SHALL REMAIN CONFIDENTIAL...”**

**Therefore, it is our duty to see that the Complainant’s  
name or any information that may identify the  
complainant is not disclosed. Also, anything regarding  
the complaint is not to be disclosed.**

**Please be careful of what and how information is  
discussed concerning cases and complaints.**

**THIS FORM MUST REMAIN ON TOP OF REPORT**



**Budde, Helen L (DOH)**

---

**From:** Creighton, Vicki I (DOH)  
**Sent:** Thursday, January 27, 2011 8:27 AM  
**To:** Budde, Helen L (DOH)  
**Subject:** FW: Attached Image

Our case number 2011-152948 (Medical Unknown) was closed below threshold. The panel wanted this to be forwarded to nursing.

---

**From:** [canon.copier@doh.wa.lcl](mailto:canon.copier@doh.wa.lcl) [mailto:[canon.copier@doh.wa.lcl](mailto:canon.copier@doh.wa.lcl)]  
**Sent:** Thursday, January 27, 2011 9:25 AM  
**To:** Creighton, Vicki I (DOH)  
**Subject:** Attached Image



1022\_001.pdf

**MQAC REVIEW**  
**Case Number: 2011-152948**

Date: January 18, 2011  
Presented by: George Heye, MD

<b>Respondent:</b>	<b>MEDICAL, UNKNOWN</b>	<b>Unknown County</b>
--------------------	-------------------------	-----------------------

<b>Complainant:</b>	Ms. <small>4 - Identity - Whistleblower Rega...</small>
---------------------	---

<b>CASE SUMMARY</b>
---------------------

**The Respondent:**

Board Certified:	Unknown
DOB:	Unknown
Licensed since:	Unknown
Expiration date:	Unknown
Medical School:	Unknown
Residency:	Unknown

**The Complainant:** A patient

**Malpractice Settlement:** N/A.

**The Complaint:** The complainant is unhappy with some aspect of her authorization to use medical marijuana.

**RCM Review**

**Prior Cases:**

Unknown.

**Recommendation:**



Health  
Health Systems Quality Assurance  
Complaint Intake  
P.O. Box 47857  
Olympia WA 98504-7857

RECEIVED  
JAN 10 2010  
DEPARTMENT OF HEALTH  
MEDICAL COMMISSION

## Complaint Form

Today's Date: 11/22/10

### 1. Your Information

Name: 4 - Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1)...  
Address: 4 - Identity - Whistleblower Regarding Heal...  
City: 4 - Identity - Whistleblower Regarding Health Car... State: 4 - Identity - ... Zip: 4 - Identity - Whistl...  
Phone: Wor 4 - Identity - Whistleblower Regarding... Home 4 - Identity - Whistleblower Regard...

### 2. Information about the Facility or Health Care Professional

Type of facility or profession: See Attached  
Name of facility or professional: GREEN HOPE INC  
Address: 2510 N. PINES  
City: SPokane State: WA Zip: 99216

### 3. Resident/Guest/Patient Information

Full Name (if different than above) \_\_\_\_\_  
Date of Birth (of patient, if complaint involves a patient) \_\_\_\_\_  
Date of incident: \_\_\_\_\_

4. Please describe your complaint in the space below. Include the name, title and phone number of other patients, witnesses or staff members involved in the incident. Email completed form to the Customer Service Center at [HSQAComplaintIntake@doh.wa.gov](mailto:HSQAComplaintIntake@doh.wa.gov), or fax to 360.236.4818, or mail to: UNLAWFUL AUTHORIZATION OF MEDICAL MARIJ.

Washington State Department of Health  
Health Systems Quality Assurance  
Complaint Intake  
P.O. Box 47857  
Olympia WA 98504-7857

# CBR Medical, Inc.

3115 E. Mission Ave.  
Spokane, WA 99202

Phone: (888) 362-7420

Fax: (888) 420-1329

Dr. Meg Hockenberry, ND;

Dr. Ralph Capone, ND;

Dr. Brian Rewerts, ND

## AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

3 - Healthcare Information Readily Identifiable to a Person ...

of Spokane WA

City, State

hereby authorize the

release of my medical records to CBR Medical, Inc. their representatives, or assigns. This release includes the transfer of my records by mail, facsimile, or any other electronic transmission method that may be requested by CBR Medical, Inc.

I understand that my records may contain information regarding the diagnosis or treatment of HIV/AIDS, sexually transmitted diseases, drug and/or alcohol abuse, mental illness, or psychiatric treatment. I give my authorization for these records to be released.

cm

Patient Initials

I, hereby authorize CBR Medical, Inc. to release information from my records to the organization named below on my behalf regarding my patient file.

cm

Patient Initials

Department of Health

Organization Name

### My Patient Rights:

I understand that this authorization may be revoked at any time. I understand that to revoke this authorization it must be submitted in writing and presented to CBR Medical, Inc. I understand that the revocation will not apply to information that has already been released. The only exception is when action has been taken in reliance on the authorization. Unless revoked earlier, *this consent will expire in 90 days from the date of signing.*

I specifically consent to the faxing of my medical records. All faxed material(s) will contain a confidentiality statement. However, I understand confidentiality at the receiving end cannot be guaranteed and that the recipient may re-disclose my information and privacy laws may no longer protect my information.

I understand that I do not have to sign this authorization in order to get health care benefits (treatments, payment or enrollment). However, I do have to sign an authorization form to take part in research study or to receive health care when the purpose is to create health information for a third party.

Patient Signature

3 - Healthcare Information Readily Identifiable to a Person - RCW 42.56.36...

Date:

11/22/10Patient Date of Birth: 6/20/37

Patient Phone:

3 - Healthcare Information Readily Identifi...

**CONFIDENTIALITY NOTICE:** This communication is intended for the sole use of the individual and entity to whom it is addressed and may contain information that is privileged or confidential and exempt disclosure under applicable law. You are hereby notified that any dissemination, distribution, or duplication of this communication by someone other than the intended addressee or its designated agent is strictly prohibited.

All information is Protected Under U.S. Federal Law.

Page 1 of 2

**Documentation of Medical Authorization to Possess Marijuana  
for Medical Purposes in Washington State**

PATIENT NAME: [3 - Healthcare Information Readily Identifiable...]

DATE OF BIRTH: 6-20-1937

Andrea Flaa, am a registered nurse in the State of Washington and I am treating the above patient for a  
terminal illness or a debilitating condition as defined by RCW 69.51A.010.

I have advised the above named patient about the potential risks and benefits of the medical use of  
marijuana. I have assessed the above named patient's medical history and medical condition. It is my  
medical opinion that the potential benefits of the medical use of marijuana may outweigh the health risks  
for this patient.

License Number:

R.N. Signature: 

Date: 9/25/2010

This recommendation expires on: 9/25/2011

**Risks and benefits of medical marijuana**

Under Washington law, the use of medical marijuana is now permissible for some patients with  
terminal or debilitating illnesses. The law regulating this (RCW 69.51A) allows physicians to advise  
patients about the risks and benefits of the medical use of marijuana.

The medical and scientific evidence supporting the use of medical marijuana remains controversial  
in the medical community. Not all health care providers believe that medical marijuana is safe or effective  
and some providers feel that it is a dangerous drug.

According to the Washington State Law the benefits of medical marijuana may include treating  
nausea and vomiting from chemotherapy, AIDS, wasting syndrome, severe muscle spasms from multiple  
sclerosis or other spasticity disorders, glaucoma, and some type intractable pain.

Some of the risks of medical marijuana may include possible long-term effects of the brain in the  
areas of memory, coordination and cognition; impairment of the ability to drive or operate heavy  
machinery; respiratory damage; possible lung cancer, and physical or psychological dependence.

**Recommendation**

As this patient's "60 Day Supply", as stipulated by RCW 69.51A-040 (3)(b) and WAC 246-75-  
010, this Qualifying Patient can reasonable except to have in their Possession and Need a total of no more  
than 24 Ounces of "Useable Marijuana" and no more than 15 Plants.

Signature: [3 - Healthcare Information Readily Identifiable to a Person - RCW 42.56.360...]

Date: 9/25/10

Green Hope LLC  
2510 N. Pines Rd., Ste. 207

Spokane Valley, WA 99206

Phone: 509-924-7933

Fax: 509-924-3676

Redaction Summary ( 17 redactions )

---

4 Privilege / Exemption reasons used:

- 1 -- "DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2)" ( 2 instances )
- 2 -- "DOH Licensee Social Security Number - RCW 42.56.350(1)" ( 1 instance )
- 3 -- "Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)" ( 5 instances )
- 4 -- "Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1)" ( 9 instances )

Redacted pages:

- Page 1, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 1 instance
- Page 4, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 1 instance
- Page 4, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
- Page 5, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance
- Page 10, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance
- Page 11, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 7 instances
- Page 12, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 3 instances
- Page 13, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 2 instances